

# Instructions for Application:

If downloading this document, many blanks can be filled prior to printing. Click on the blanks to enable form fill. Move between fields with the mouse or tabs. Blank or partially completed forms may be printed. The form will clear all of the blanks when saved.

Check **one** box for the level of certification being applied for

Check **one** box to indicate this is your initial certification or a recertification

All dates should be entered as *mm/dd/yyyy*

Enclose a current picture

Photo must be less than three (3) months old

Photo dimensions: Min. 2" X 2"

Picture must be in color

Must be front bust style

No hats, caps, sweat bands, sunglasses, etc., may be worn

Previously laminated pictures are **NOT** accepted

**NOTE:** Applicants may have picture made free of charge at the Bureau of Emergency Medical Services office.

Applicants for **EMS-Driver** certification should attach:

Copy of your driver-training certificate

Copy of your state driver's license

Applicants for **First Responder** certification should attach:

A copy of your current National Registry wallet card

Applicants for **EMT** certification should attach:

A copy of your current National Registry wallet card

Original Jurisdictional Medical Control Agreement

Enclose the appropriate payment. (Money order or business check only)

**EMS – Driver:        \$20.00**

**First Responder:    \$10.00**

**EMT – Basic:        \$20.00**

**EMT – Intermediate: \$20.00**

**EMT – Paramedic:    \$25.00**



# APPLICATION FOR MISSISSIPPI EMS CERTIFICATION

**Check one:**

<input type="checkbox"/>	First Responder
<input type="checkbox"/>	EMT-Basic
<input type="checkbox"/>	EMT-Intermediate
<input type="checkbox"/>	EMT-Paramedic
<input type="checkbox"/>	EMS-Driver

**Check one:**

<input type="checkbox"/>	Initial Certification
<input type="checkbox"/>	Recertification

**Complete (type or print in ink) and mail to:**

Bureau of Emergency Medical Services  
Mississippi State Department of Health  
570 E Woodrow Wilson Ave  
PO Box 1700  
Jackson, MS 39215-1700  
Phone (601) 576-7380  
www.msems.org

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**First:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last:** \_\_\_\_\_

☐ Male  
☐ Female **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**County of Residence:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Highest Level of Education** 8 ☐ 9 ☐ 10 ☐ 11 ☐  
12/GED ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 18+ ☐

**State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**National Registry Number:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**I will be working at this level:** full-time ☐ part-time ☐ volunteer ☐

**Agency:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Name of Supervisor or Operations Manager:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip :** \_\_\_\_\_

**This section for initial Mississippi certification only, not required for recertification**

<b>Training site:</b> _____	<b>Lead Instructor:</b> _____
<b>City:</b> _____	<b>Physician Coordinator:</b> _____
<b>Date of Completion:</b> _____	<b>I have been previously certified in the state(s) of:</b> _____

I hereby affirm that all statements on this application are true and correct and that false statements or documents may be sufficient cause for rejection and/or revocation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

WARNING: Mississippi Code as Annotated 97-7-10 Fraudulent statements and representations provides for severe penalties from misrepresentation or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years.

For official use only				Date Received
Driver Course		Expiration of Certification		
Level of Certification		J M C A		
Approval of Certification		Date Reciprocity Sent		